

Request for Tax Clearance Certificate — Corporations

CALIFORNIA FORM

3555

Corporation name		California corporation number
Current address	Phone number ()	
Date business commenced in California:	Date business ceased or will cease in California:	Latest income period for which a California return has been filed:

The Franchise Tax Board will issue a tax clearance certificate when all taxes have been paid or secured. If a final return has not been filed, one should be filed within 2 months and 15 days after the close of the month in which the dissolution or withdrawal takes place. All returns remain subject to audit until expiration of the normal statutes of limitation.

Please indicate the status of ANY IRS activity:

Has the IRS redetermined the corporation's income tax liability for any prior year(s) that you have not previously reported to us? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, send us a copy of the Revenue Agent's Report.</i>	Is the IRS currently examining the corporation or has the corporation been notified of a pending examination? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate the years involved:</i> Current examination: _____ Pending examination: _____
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COMPLETE PAGES 2 AND 3 OF THIS FORM FOR AN INDIVIDUAL OR OTHER ENTITY ASSUMPTION OF TAX LIABILITY. COMPLETE PAGE 4 FOR A CORPORATION, LIMITED LIABILITY COMPANY, OR LIMITED LIABILITY PARTNERSHIP ASSUMPTION OF TAX LIABILITY.

If the tax clearance certificate is to be issued on a taxes paid basis, check this box and provide a copy of your final tax return. ☐

Supplemental Information. Please furnish the following information if the business conducted in California will be continued by another corporation after the merger of the original corporation.

Name of transferee	California corporation number of transferee
Date assets transferred to transferee	Section of the Internal Revenue Code applicable to the transfer of Taxpayer's Business or assets: _____

If the tax clearance certificate is to be mailed to someone other than the corporation listed above, complete the following:
(A copy of the tax clearance certificate will be sent to the Secretary of State.)

Name
Address
Phone number ()

Mail completed form to: **DOCUMENT FILING SUPPORT UNIT
SECRETARY OF STATE – BUSINESS FILINGS
1500 ELEVENTH ST
SACRAMENTO CA 95814**

For more information concerning this form, telephone the Franchise Tax Board at (916) 845-4124.

Assistance for persons with disabilities: We comply with provisions of the Americans with Disabilities Act. Persons with hearing or speech impairments, call: from voice phone (800) 735-2922, or from TTY/TDD (800) 822-6268.

INDIVIDUAL ASSUMPTION OF TAX LIABILITY

Corporation name	California corporation number
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I unconditionally agree to file or cause to be filed with the Franchise Tax Board, under the provisions of the Bank and Corporation Tax Law, such tax returns and data that may be required and to pay in full all accrued or accruing liabilities for tax, penalty and/or interest and fees due from the above corporation.

My net worth (assets minus liabilities) is not less than: \$ _____ .

(A detailed financial statement, PAGE 3, is required.)

Name of individual assumer: (Must be resident of California)	Social security no.
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Address	
	Phone number ()

Date	Signature
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TRUST ASSUMPTION OF TAX LIABILITY

Corporation name	California corporation number
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This trust unconditionally agrees to file or cause to be filed with the Franchise Tax Board, under the provisions of the Bank and Corporation Tax Law, such returns and data that may be required and to pay in full all accrued or accruing liabilities for tax, penalty and/or interest and fees due from the above corporation.

(A detailed financial statement, PAGE 3, is required.)

Name of California trust	Trust federal identification number
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Address	
	Phone number ()

Date	Trustee's signature
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FOR PRIVACY ACT NOTICE, SEE FORM FTB 1131.

FINANCIAL STATEMENT FOR INDIVIDUAL OR OTHER ENTITY

Corporation name

Corporation number

Statement of Assets and Liabilities

Item	Present value (A)	Liabilities balance due (B)	Equity in asset
Cash			
Bank accounts			
Stocks and bonds			
Cash or loan value of insurance			
Household furniture			
Real property			
Vehicles			
Other assets (Describe)			
Federal taxes outstanding			
Loans			
Other (Include judgements)			
Net assets (Total column A less total column B)			\$

General Information (Please attach additional schedule[s] if necessary.)

Net annual income

Source (name of business or employer)

Banks and savings and loan accounts (names and addresses)

Description and license number of each vehicle

Stocks and bonds (name of company, number of shares, etc.)

Real property (brief descriptions and locations)

I certify that the above data is correct to the best of my knowledge.

Assumer's Name _____

Assumer's Address _____ Phone number () _____

Signature _____ Date _____

CORPORATION, LIMITED LIABILITY COMPANY, OR LIMITED LIABILITY PARTNERSHIP ASSUMPTION OF TAX LIABILITY

The Assumption of Tax Liability

of (1) _____)
_____)
_____ A corporation) _____ Corporation no.
by (2) _____)
_____)
_____ A corporation/limited liability company or limited liability partnership) _____ Corporation no. or SOS file no.*

incorporated, organized, or qualified to do business within the State of California, unconditionally agrees to file with the Franchise Tax Board all returns and data that is required and unconditionally agrees to pay in full all tax liabilities, penalties, interest and fees of (1) _____

_____;

(2) _____
Exact corporation, LLC, or LLP name

Signature and title of officer/manager/partner

State of _____

County of _____

On _____ before me, the undersigned, a Notary Public in and for said State, personally appeared _____

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____

Name _____
(typed or printed)

*LLC and LLP assumers must provide a financial statement.